

NC Independent Living Rehabilitation Program

Fact Sheet

The program was funded by Katherine B. Smith Reynolds Foundation. Two offices were initially funded; Charlotte and Winston-Salem. In 1988 the NC Legislature took over the funding and sponsored 5 additional offices. Today, services are available in all 100 counties across North Carolina AND is state funded.

What is the Independent Living Program? The goal is to provide substantial services to persons with severe disabilities to be able to remain independent in their home or community, or to be able to relocate from nursing facility, or prepare for transition to VR services.

What are some examples of severe disabilities served by the program? Severe disabilities include but not limited to:

- Neuromuscular - Muscular Dystrophy
- Neurological - Multiple Sclerosis, Stroke, Head Injuries
- Orthopedic - Arthritis, Amputation
- Blindness/Deafness

How Much does this service cost? Cost services can be provided to you if you meet the financial eligibility based upon household income. If you do not meet the financial eligibility requirements only **NO COST SERVICES** can be provided. No cost services include, but not limited to Counseling and Guidance, Rehabilitation Engineer, and information and Referral. Cost Services include, but not limited to Home and Vehicle Modifications (Ramps, Bathroom, Hand Controls), Durable medical Equipment Purchases (Wheelchairs, Lift Systems, Lift Chairs, etc.), Client Managed Personal Care program, and other medically necessary items. A family of ONE can have a monthly income of \$1,301.00; TWO \$1761.00, THREE \$2,222.00...SSI/SSDI benefits are counted as income unlike VR.

Can I receive multiple services? Yes, based upon client needs.

Where is the office located? Again, NC Independent Living Program are offered in all 100 counties however, physical locations are in certain counties.

Is there an office in Hyde County? No, but the servicing office is in Greenville. We are located at 101 Fox Haven Dr., Greenville NC 27836 located next to Lowes Home Improvement off of 10th St. We provide services in 6 Counties: Pitt, Beaufort, Hyde, Lenoir, Greene and Wayne Counties. We can be reached at 252.830.3471.

Does this program partner with other agencies? Yes. Vocational Rehabilitation is our sister agency. We also make referrals to Services for the Blind, Social Services, Council on Aging Programs, and other community resources in perspective counties. We also receive referrals from the MFP (Money Follows the person) program, etc. We work with State and local programs that provide transportation and housing to make services to persons with disabilities more accessible.

Who facilitates the service delivery of this program? The Greenville office is comprised of 3 Counselors, 1 Engineer, and 1 Office Support Staff.

Why is this program beneficial to the community and our state? Keeping persons with severe disabilities independent and living in the community is cheaper to NC tax payers than paying nursing home facilities. The average cost to provide skilled nursing care to an individual is roughly \$75,000 per year if funded by the Medicaid Program and even higher if the individual is considered "self-pay".

IL DEMOGRAPHIC FORM

Date: ____/____/____
Name: _____ County: _____
Current Address: _____
City: _____ Zip: _____
Mailing Address: _____
City: _____ Zip: _____
Telephone Number: (____) _____ Alt Number: (____) _____
DOB: _____ SS # _____
INCOME: _____ SPOUSE'S INCOME: _____
MEDICARE #: _____ MEDICAID #: _____
Referral Source: _____ Phone: (____) _____
Emergency Contact: _____ Phone: (____) _____
Relationship: _____

Reason for Referral:

What is your disability and how does it limit you? _____

What do you expect from the agency? _____

If requesting modifications, do you own the home? (Y/N) _____

Are you or have you ever received services from this agency (Y/N) _____

Describe: _____

Comments: _____

FOR OFFICE USE ONLY:

(over please)

Primary Physician's Information

Name: _____

Address: _____

Phone #: _____ Fax # _____

Secondary Physician's Information

Name: _____

Address: _____

Phone #: _____ Fax # _____

Specialty Care Physician's Information

Name: _____

Address: _____

Phone #: _____ Fax # _____

Name: _____

Address: _____

Phone #: _____ Fax # _____

Name: _____

Address: _____

Phone #: _____ Fax # _____